STEVENSON
U N I V E R S I T Y

Imagine your future. Design your career.®

Stevenson University
Financial Aid Office
100 Campus Circle
Owings Mills, MD 21117
Phone: 443-334-3200
Fax: 443-352-4370
Email: financial-aid@stevenson.edu

2020-2021 Proof of Dependent Support

_____   _____
Student's Last Name   Student's First Name   Student's M.I.   Stevenson University I.D. #

_____   _____
Student's Home Phone Number (include area code)   Student's Date of Birth

On the 2020-2021 FAFSA (question 51 or 52) you indicated you have a child or a dependent whom you support. Your independent student status is based solely on your answer to this question. Please complete this form so that our office can confirm that you are an independent student for federal financial aid purposes. Support includes support of yourself as well as 51% of the support for the child/dependent. It may include but is not limited to money spent on: food, housing, clothing, health insurance, childcare, transportation, personal items, and other necessities.

If you have answered question 51 or 52 incorrectly, you can declare a dependent status at the bottom of this form.

1. Do you fully support yourself financially?   ❑ Yes   ❑ No

2. Are you responsible for **more than 50% support for your child/dependent?**   ❑ Yes   ❑ No

3. Please provide your child/dependent's name and a copy of the birth certificate: _____

4. Provide your W-2(s) for 2019

5. Where do you (will you) live for the duration of the school year?   ❑ By myself   ❑ With Parent   ❑ Other

6. Please submit a letter of explanation or contact the Financial Aid Office (443-334-3200) if you would like to further explain your circumstances

Certifications and Signatures:
Signing below certifies that all of the information reported is complete and correct.

_____   _____
Student's Original Signature   Date

If there is any additional information that can help clarify this form, please attach a signed letter.

Corrections to Dependent Status
After reviewing this form, I have determined that I do not provide more than half of the support for this child or dependent, therefore I should be considered a dependent student and I will update my FAFSA to reflect this change.

_____   _____
Student's Original Signature   Date

Warning: If you purposely give false or misleading information, you may be fined, sent to prison, or both.